SIGNATURE

DATE

## **FEE TRANSMITTAL**

Com	plete if Known		
Application Number TBD			
Filing Date	TBD		
First Named Inventor	BRAJA DULAL MOOKHERJEE		
Group Art Unit	TBD		
Examiner Name	TBD		
Attorney Docket Number	IFF-23		

# **FEE CALCULATION**

#### **CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$740.00
TOTAL CLAIMS	18 - 20 =	0	x 18.00	\$740.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$280.00	
			TOTAL FEES	\$740.00

### **METHOD OF PAYMENT**

- Please charge Deposit Account No. 12-1295 in the amount of \$740.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 12-1295. Three copies of this sheet are enclosed.

SUBMITTED E	BY:		Complete (if applicable)
Typed or Printed Name	JOSEPH F. LEIGHTNER		Reg. No. 34,209
Signature	Joyl The	Date: 11/1 /01	Deposit Account No. 12-1295

IN THE UNITED PATENT AND TRADEMARK OFFICE

Applicant: BRAJA DULAL MOOKHERJEE, et al.

For: "MACROCYCLIC MUSK COMPOSITION, ORGANOLEPTIC USES THEREOF AND

PROCESS FOR PREPARING SAME"

#### EXPRESS MAIL CERTIFICATE

"Express Mail" mailing number: EK050900055US

Date of Deposit: November / , 2001

I hereby certify that this complete application, including 18 specification pages, 18 claims, Declaration and Power of Atto Assignment, Information Disclosure Form, Form PTO-1449 and 4 references is being deposited with the United States Postal "Express Mail Post Office to Addressee" service under 37 CFR I hereby certify that this complete application, including 18 specification pages, 18 claims, Declaration and Power of Attorney, references is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

JOSEPH F. LEIGHTNER

(Typed or printed name of person mailing paper or fee)